

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Stephen Morabito

DATE: April 22, 2005

RE: Location of Children's Crisis Services

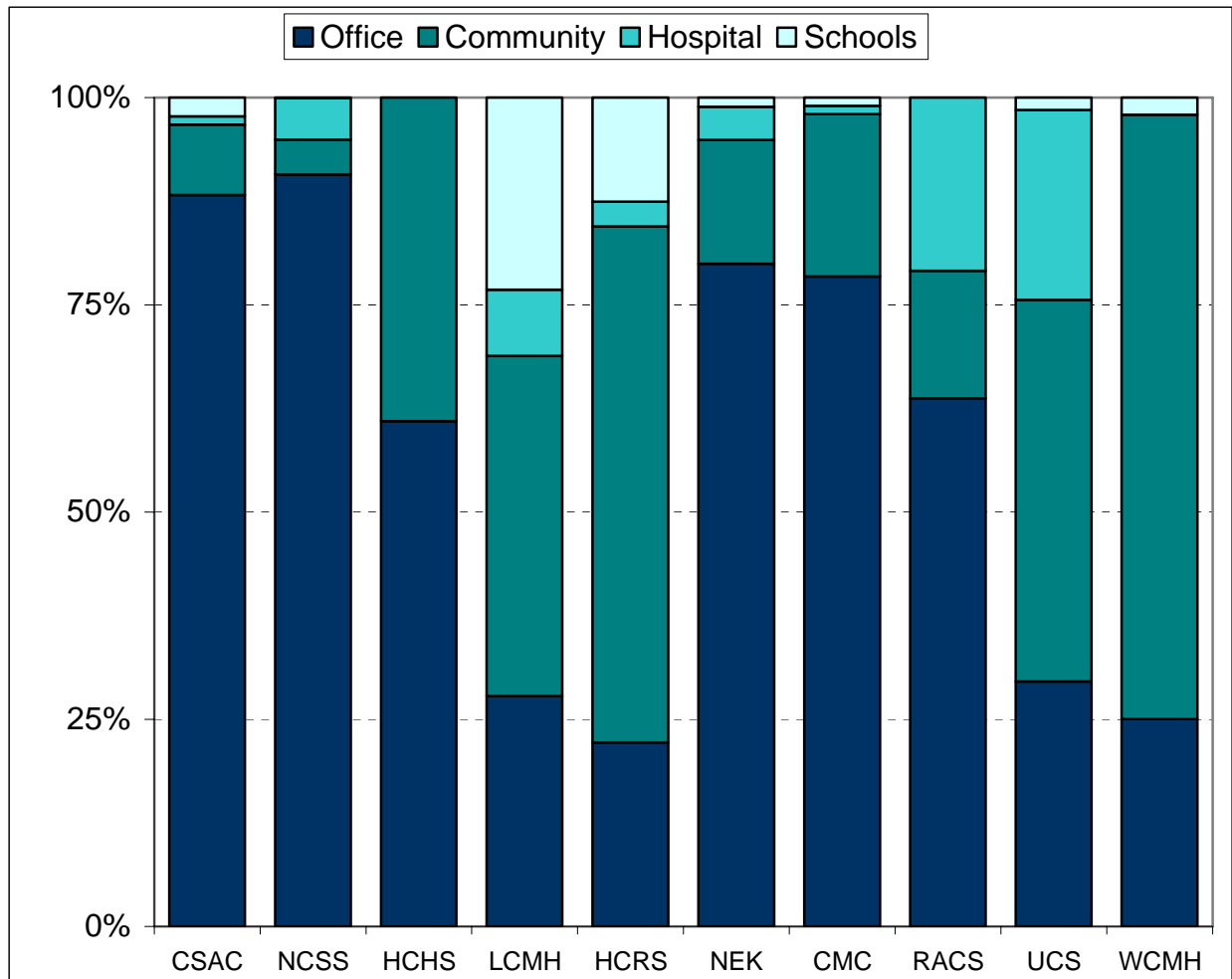
The recommendations of Vermont's Mental Health Performance Indicator Project Multi-Stakeholder Advisory Group recognized that, "The location in which services are provided is an important area of concern," with regard to patterns of community mental health service delivery. This week's PIP addresses that issue and compliments the brief report on "Location of Service to Children's Services Clients" (<http://www.ddmhs.state.vt.us/docs/pips/2004/pip041604.pdf>) that was published on April 16, 2004. This new analysis was conducted at the request of Alice Maynard of the DMH Child, Adolescent, and Family Unit.

Data used in this analysis were extracted from Monthly Service Report (MSR) data files submitted to DMH by designated community mental health service providers for FY2004. The findings provide an overview of the proportion of crisis services that were provided in each of four broad service locations: office settings, community settings (including in-home services), hospital settings, and school settings. For purposes of this analysis, crisis services are defined to include all services with a crisis activity code and all services provided under a crisis cost center. This analysis includes all children under the age of 18, regardless of program assignment.

As you will see, almost two-thirds (65%) of all crisis services to children were provided in office settings during FY2004, less than one-fourth (23%) were provided in community settings, 10% were provided in hospital settings, and 2% were provided in schools. This pattern was not uniform across the state however. Office settings accounted for more than three quarters of all crisis services in four regions of the state (Northwest, Addison, Northeast, and Orange) but accounted for less than one-third of all crisis services in four other regions (Bennington, Lamoille, Washington, and Southeast). Crisis services provided in community settings accounted for more than 60% of all crisis services in Southeastern Vermont and in Washington County, but less than 10% of all emergency services in Addison County and Northwestern Vermont. Hospital-based emergency services were much more common in Bennington (23%) and Rutland (21%) than in other regions of the state, and school-based emergency services were more common in Lamoille county (23%) and Southeastern Vermont (13%) than in other regions.

We are particularly interested in your thoughts about the degree to which the differences reported here represent true differences in practice patterns and the degree to which they represent differences in reporting conventions. As always, we look forward to your interpretation of these findings and your suggestions for further analysis of these data. You can reach us at pip@vdh.state.vt.us or 802-241-2638.

Location of Childrens' Crisis Services By Clinic: FY 2004



Region - Clinic	Total Units	Office	Community	Hospital	Schools
Addison - CSAC	306	89%	8%	1%	2%
Northwest - NCSS	1,404	91%	4%	5%	0%
Chittenden - HCHS	917	61%	39%	0%	0%
Lamoille - LCMH	303	28%	41%	8%	23%
Southeast - HCRS	478	22%	62%	3%	13%
Northeast - NEK	359	80%	15%	4%	1%
Orange - CMC	198	79%	20%	1%	1%
Rutland - RACS	2,628	64%	15%	21%	0%
Bennington - UCS	266	30%	46%	23%	2%
Washington - WCMH	144	25%	73%	0%	2%
Statewide Total	7,003	65%	23%	10%	2%

Based on analysis of Monthly Service Report data sets provided by designated agencies. Analysis includes all children under age 18 regardless of program assignment. Crisis services include those with a crisis activity code and those provided under a crisis cost center. Services in community settings include those provided in the home.